

**Provider Inspection Summary**  
For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Facility Information**

**Facility Name:** BELL THERAPY UNDERWOOD (0009082)

**Address:** 3146 E UNDERWOOD, CUDAHY, WI 53110

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2001

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0092305      **End Date:** 12/15/2003      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0091210      **End Date:** 07/15/2003      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008915    Served 10/17/2003

Deficiencies Cited

83.33(3)(b)2.a

83.41(10)(a)

83.41(10)(c)

Subject Area

MEDICATIONS SHALL HAVE A LABEL

BUILDING MAINTENANCE

PLUMBING IN GOOD REPAIR

Compliance  
Verified

Corrected

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
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**Complaint History**

**Date Complaint Received: 06/10/2003**

**Date Investigation Completed: 07/15/2003**

Subject Area(s)

ABUSE  
MEDICATIONS

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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